Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

| Applicant Name: 5 ames D. Brown Date Received: 211-13 Applicant Number: 10150 | | | | |
|---|------------------------|------------------------|------------------------------|--|
| Recommended Applicant Pool Status: | | Final Applicant Po | Final Applicant Pool Status: | |
| □Included □ | Removed | ☐Included | Removed | |
| REQUIREMENTS: | | | | |
| 1. Was the application received before the submission deadline? | | | ØYes □No | |
| If NO, list time/date a | | | | |
| 2. Is the application complete? If NO, list the item(s) that need to be completed: | | | Yes No | |
| (| uckny vuid | | | |
| 3. Indicate how the applicar | t responded to the f | ollowing questions: | | |
| A. Student enrolled in a college/university in t | | | □Yes □No | |
| If YES, consider I and ii only; If NO, consider I, ii, iii, and iv: | | | _/_ | |
| i. Reside in the | City of Austin? | | ☑Yes ☐No | |
| ii. Registered to | vote in the City of A | ustin? | □Yes □No | |
| iii. Continuously | registered to vote in | the City of Austin? | □Yes □No | |
| iv. Voted in 3 of | the last 5 City of Aus | tin general elections? | □Yes □No | |
| Follow-up needed related If YES, identify issue(s) | | | □Yes □No | |

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| CONFLICTS OF INTEREST: | |
|---|-----------------------------|
| 4. Did the applicant respond "Yes" to any conflict of interest question (s): | stions? Yes No |
| Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition: | □Yes □No |
| CONSISTENCY: 5. Are applicant answers consistent? If NO, indicate which answer(s): | ĽYes □No |
| Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition: | □Yes □No |
| Quality Control Review By: | Review Date: 2/25/13 Date: |